10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

		N PORMA PAUPERIS APPLICATION
		ANT
Toli	eeta:	MAY 8 0 2000 FINANCIAL AFFIDAVIT
	Plaintit	CLENK, U.S. DISTRICT COURT OBCV3142 NOALL
85 21	s on	tration Fort Claim CASEN JUDGE KENDALL MAG. JUDGE VALDEZ MAG. JUDGE VALDEZ
	n April Defen	Idant(s) Social Security Dologe_
		1 1
more in	formation	ncluded, please place an X into whichever box applies. Wherever the answer to any question requires in than the space that is provided, attach one or more pages that refer to each such question number and
î, <i>E</i>	o Jisc	tidnal information. Please PRINT: declare that I am the Aplaintiff □petitioner □movant
) in the above-entitled case. This affidavit constitutes my application ☐ to proceed payment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also
		m unable to pay the costs of these proceedings, and that I am entitled to the relief sought in petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the
follow	ing ques	tions under penalty of perjury:
1.	I.D. #_	u currently incarcerated? ———————————————————————————————————
	Do you	a receive any payment from the institution? □Yes Who Monthly amount:
2.	-	ou currently employed? □Yes ☑No ly salary or wages:
		and address of employer:
	a.	. If the answer is "No":
		Date of last employment: 1/5-07 Monthly salary or wages: 300 to without
		Name and address of last employer: Kolly 500 5 Lemp 6
	ъ.	Are you married? tyres 550 monthly salary or wages: 550 monthly
		Name and address of employer: Not employed, this is unemployed
3.	or any	from your income stated above in response to Question 2, in the past twelve months have you one else living at the same residence received more than \$200 from any of the following as? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
	a. Amou	Salary or wages of Received by Milton Parker INO

b. ☐ Business, ☐ profession or ☐ other sel Amount Received by	f-employment y	□Yes	□No
c. ☐ Rent payments, ☐ interest or ☐ divide Amount Received by		□Yes	□No
d. Pensions, Social security, annu compensation, unemployment, well Amount 900-950 about Received b	fare, □ alimony or mai	intenance or 🗆	child support
e.		⊤□Yes	□No
f. Amount Received by)	□Yes	□No
Do you or anyone else living at the same resid savings accounts? ☐Yes In whose name held:	ZeNo Total a	amount:	
Do you or anyone else living at the same resi financial instruments? Property: In whose name held:	Current Value:	□Yes	D 100
Do you or anyone else living at the same rescondominiums, cooperatives, two-flats, three-fl Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments:	sidence own any real lats, etc.)? Current value: Relationship to you:	estate (houses □Yes	, apartmente,
Do you or anyone else living at the same resid homes or other items of personal property with Property: Current value: In whose name held:	ence own any automo	biles, boats, tra e of more than □Yes	ilers, mobile
List the persons who are dependent on you for indicate how much you contribute monthly to the	support, state your rela	ationship to cac check here □N	

I declare under penalty of perjury that the above is to 28 U.S.C. § 1915(e)(2)(A), the court shall dismallegation of poverty is untrue. Date: 5-36-08	nformation is true and correct. I undeniss this case at any time if the course of Application (Print Name)	t determines that my		
NOTICE TO PRISONERS: A prisoner mu- institutional officer or officers showing all receip in the prisoner's prison or jail trust fund accounts. covering a full six months before you have filed y in your own accountprepared by each institutio periodand you must also have the Certificate bel	ots, expenditures and balances during Because the law requires information our lawsuit, you must attach a sheet on where you have been in custody of	g the last six months on as to such accounts covering transactions luring that six-month		
(Incarcerat	RTIFICATE ted applicants only) he institution of incarceration)			
I certify that the applicant named herein,	, I.D.#	has the sum of		
\$ on account to his/her credit at		*		
I further certify that the applicant has the following securities to his/her credit: I furthe				
certify that during the past six months the applic	cant's average monthly deposit was	\$		
(Add all deposits from all sources and then divid		•		
DATE	SIGNATURE OF AUTHORIZE	ED OFFICER		

rev. 10/10/2007

(Print name)